

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09/051685

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20 =	* 4
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		No

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE **3**

OR
OTHER THAN
SMALL ENTITY

RATE	FEES
	49.00
x\$11=	44.00
x41=	--
+135=	-
TOTAL	93.00
OR	TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	ADDITIONAL FEE
OR	TOTAL ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE

ADDITIONAL
FEE

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	ADDITIONAL FEE
OR	TOTAL ADDITIONAL FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE

ADDITIONAL
FEE

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	ADDITIONAL FEE
OR	TOTAL ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

09/051685
SERIAL NUMBER

TO: OFFICE OF FINANCE
FROM: CRYSTAL PLAZA 2, LOBBY

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEES CODE	AMOUNT	FEES CODE	AMOUNT
BASIC FEE		CLAIMS/MULTIPLE DEPENDENT	
<u>960</u>	_____	<u>964</u>	_____
<u>961</u>	_____	<u>965</u>	_____
<u>970</u>	_____	<u>966</u>	_____
<u>971</u>	_____	<u>967</u>	<u>44</u> -
<u>958</u>	_____	<u>968</u>	_____
<u>959</u>	_____	<u>969</u>	_____
<u>956</u>	_____	LATE FEES/SURCHARGE	
<u>957</u>	_____	<u>154</u>	_____
<u>962</u>	_____	<u>254</u>	_____
<u>963</u>	<u>49</u> -	<u>156</u>	_____
OTHER :		<u>581</u>	_____
<u>581</u>	_____		
<u>241</u>	_____		
<u>141</u>	_____		

THE ORIGINAL METHOD OF PAYMENT

BY A CHECK \$ 93 -

BY A CHARGE TO DEPOSIT ACCOUNT NO. _____

DO/EO FEE

Bill P